

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		<i>8/30/99</i>
O.I.P.E. CLASSIFIER		<i>8</i>	<i>7-7-99</i>
FORMALITY REVIEW	<i>AB</i>	<i>10303</i>	<i>9-9</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Date
1	10/22/01
2	10/22/01
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Claim	Date
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99	10/22/01
100	10/22/01

Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

BEST AVAILABLE COPY